

Attention Senior Clubs and County Council on Aging!

Please complete the following information if your senior citizen club or county council on aging has recently elected new officers. The information should be sent to: Regional Aging Service Program Administrator, Northeast Human Service Center, 151 S. 4th Street, Suite 401, Grand Forks, ND 58201.

NAME AND ADDRESS OF SENIOR ORGANIZATION:

NAME AND ADDRESS OF NEW PRESIDENT:

TELEPHONE NUMBER OF PRESIDENT:

PLEASE SHARE THIS NEWSLETTER WITH YOUR MEMBERS!!!

Senior Info-line

*A Free Statewide Source Of Information For Those
Caring For Senior Adults.*

The "Senior Info-line" is a FREE, confidential service that can help you locate services to help you care for a loved one. Our information and referral specialists are available 8 a.m. - 5 p.m. (CT), Monday-Friday to assist you. During evening and weekends, you can leave a message so your call can be returned the following business day.

The services available to you in North Dakota include:

- Alzheimer's Programs
- Home Health Care Organizations
- Hospice Programs
- Inhome Services
- Legal Assistance Offices
- Respite Care Programs
- Senior Citizens Center Services
- Transportation Services
- Senior Health Insurance Counseling

1-800-451-8693
Hours: Monday - Friday, 8 a.m. - 5 p.m. (CT)
If no answer, leave a message and your call will be returned the next business day.

**NORTH DAKOTA
SENIOR**



**INFO-LINE
1-800-451-8693**

Sponsored by
ND Dept. Of Human Services Aging Services Division

Regional Aging Service Program Administrator
Northeast Human Service Center – Aging Services
151 S. 4th Street, Suite 401
Grand Forks, North Dakota 58201
(701) 795-3000 Toll Free: 1-888-256-6742
Fax (701) 795-3050

RETURN SERVICE REQUESTED



_____ Please correct your mailing list

_____ Please delete my name from list ATTACH THE OLD MAILING LABEL

AGING SERVICES

Volume VIII Number 2

Region IV Serving Grand Forks, Nelson, Pembina & Walsh Counties

Spring 2006


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Aging Services Newsletter Please share this newsletter with a friend, coworkers, at your senior center, post on a bulletin board, etc....If you wish not to be on the mailing list for the newsletter please call 795-3000 and ask for Patricia Soli. You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region. Northeast Human Service Center makes available all services and assistance without regard to race, color, national origin, religion, age, sex or handicap and is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975 as amended. Northeast Human Service Center is an equal opportunity employer. This publication can be made available in alternate formats.



MISSION STATEMENT: In a leadership role, Aging Services will actively advocate for individual life choices and develop quality services in response to the needs of vulnerable adults, persons with physical disabilities, and an aging society in North Dakota.



State Plan on Aging Hearings Older Americans Act (OAA) Mark Your Calendar! April 20, 2006 Region IV Grafton 10:00 am - Senior Center

The purpose of the meeting is to get your input! DHS-Aging Services Division staff along with the Regional Aging Service Program Administrator for region IV will facilitate the meeting.

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Please plan to attend the hearing to give your input on aging services in North Dakota.

The regular OAA Noon meal will be served after the hearing. For meal reservation contact Gloris Larson at the Grafton Meal Site 701-352-3648 for meal reservations. Address: 309 Hill Avenue, Grafton.



MEDICARE PART D PRESCRIPTION DRUG COVERAGE UPDATE

Submitted by
Bill Lardy, SHIC

On November 15, 2005 people with Medicare began signing up for prescription drug coverage. By January 13, 2006, approximately 34,000 North Dakotans, about 33% of all people with Medicare, had drug coverage of some type, including approximately 8,700 who had enrolled in a stand-alone Private Prescription Drug Plan. As May 15, 2006 is the enrollment deadline for people who are currently on

Medicare, there is plenty of time to review plan options and enroll in a drug plan. Be aware that if you miss the May 15th deadline your next opportunity to enroll will be from November 15 to December 31, 2006.

And there seems to be good reason to consider enrolling. AARP of North Dakota recently reported about a Minot woman who used to get her medicine from Canada at a cost of more than \$450 per month. By enrolling in a Medicare Prescription Drug Plan she was able to get the same medications from a local pharmacy and save more than \$200/month!

During a January enrollment session in Grand Forks, among the half-dozen folks who enrolled, the least annual savings reported by any of them was more than \$1,100. Medicare estimates that, on average a person, who enrolls can expect to save about 50% of the cost of medications over a year's time, or about \$1,100/year. This seems to be born out by the numbers reported during the Grand Forks program. Of course, each person's situation is different; the amount of savings, if any, one might experience will depend on the medications taken and the plan chosen. But it seems too likely that true savings can be realized by those who do not now have any help in paying for their medicine.

Reviewing plans can be a bit of a challenge but there are trained people throughout the state who

will help any who need it. The Aging Services Administration in the North Dakota Department of Human Services has personnel available in each of the state's eight regions. In addition, both the Senior Health Insurance Counseling (SHIC) Program in the North Dakota Insurance Department and AARP of North Dakota have trained volunteers in many communities who are committed to helping their neighbors.

If you have not already done so, please take the time to see how you might benefit if you enrolled in a plan. The best way to review your options is to use the Medicare web site, <http://www.medicare.gov/>. If you don't use a computer perhaps you can ask a family member or friend. You may also call SHIC at 1-888-575-6611. Please don't ignore this new Medicare benefit. The potential for you to save real money is too great to let this first enrollment opportunity slip by. The sooner you sign up the sooner you will be able to save.

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Call the Grand Forks Senior Center for more information at 701-772-7245 for Grand Forks and Nelson counties.

Walsh County Nutrition Program for Walsh County at 701-284-7999.

Pembina County Meals & Transportation for Pembina County at 701-454-6586.

**Bill Lardy, Director
Senior Health Insurance Counseling
North Dakota Insurance Department
600 East Boulevard Avenue,
Dept 401
Bismarck ND 58505
Phone: 701-328-9604
Fax: 701-328-9610 Toll free: 800-247-0560
Email: blardy@state.nd.us
Web: <http://www.state.nd.us/ndins>**



FOODS THAT CAN HELP LOWER CHOLESTEROL

From an EATINGWELL magazine article February/March 2006

Foods that contain plant sterols (phytosterols) and stanols (phytostanols) have proven effective in lowering LDL, the lethal or bad cholesterol. But it is not practical to consume enough of those foods to make a significant difference i.e. lower your LDL cholesterol 10 to 14%. Can you imagine eating "10 heads of cauliflower twice a day or 44 apples in the morning and 5 cups of almonds in the evening"? That would provide your body the National Heart Lung and Blood Institute recommended amount of sterols and stanols, but it is impractical to even contemplate.

To achieve a 10 to 14% reduction in LDL cholesterol, Robert Nicolosi, Pd.D, director of the

Center for Health and Disease Research at the University of Massachusetts, says an average American diet contains 100 to 300 mg of plant sterols or stanols daily. To help reach the LDL-lowering amount of 1000-2000 mg daily foods that are artificially supplemented with sterols and stanols are the wiser way to go.

The most commonly known foods enriched with plant sterols and stanols are margarine-like spreads (Benecol and Take Control), snack bars and salad dressings. As of 3 years ago the Food and Drug Administration (FDA) began permitting food labels to claim their ability to lower LDL cholesterol encouraging more manufacturers to try to qualify for this labeling.

Sterols and stanols work by blocking the absorption of cholesterol thereby lowering the amount entering the bloodstream following eating. Combine these foods with other dietary changes such as reduction in saturated fats, addition of soy and more fiber and the improvement can be compounded. Benecol and Take Control are two products with the longest shelf history, but keep checking labels when you shop. There is a demand for more foods and supplements that help people get healthier without prescription drugs. To have FDA permission to say it can lower Cholesterol, a food product must not only have at least 400 mg. phytosterols per serving, but also qualify as a low-cholesterol, low-saturated-fat food, and have at least 10 percent of one or more key nutrients.

The Courage Center in collaboration with the Fargo-Moorhead Family YMCA and the 2006 Assistive Technology Expo Presents the

The Paralympic Academy Sports Clinic & Workshop

***Thursday, April 13th,
2006 - 3:00 p.m. to
5:00 p.m.***

***Fargo-Moorhead
Family YMCA
400 1st Ave South,
Fargo, North Dakota***

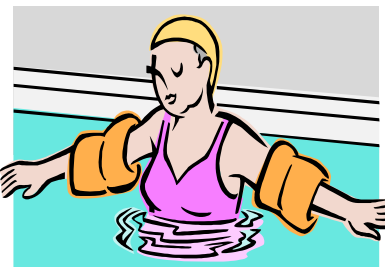
***Come and experience
what it takes to become
an active participant in
your sport of choice!
Wheelchair Basketball,
Power Soccer, Track-n-
Field and Swimming are
just a few of the sports
that will be exhibited!***

***Tryout adaptive
equipment!***

***Learn the latest
techniques, find out how
you can start your own
adaptive sports league!***

***For more information
please call :
Courage Center Sports &
Recreation Dept.
(763) 520-0558***

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Vulnerable Adult Protective Services (VAPS)

701-787-8540

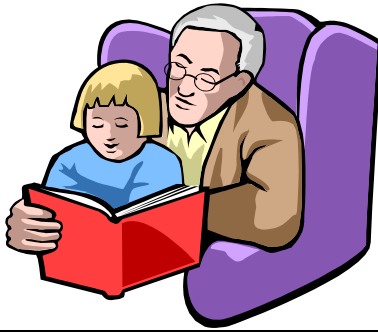
GF County Social Services Contract Agency

You can continue to make direct reports or referrals by phone, letter, in person, or fax. Upon receipt, reports or referrals will be screened for service eligibility. Reports of suspected abuse, neglect, or exploitation of a vulnerable adult can be made by calling GF County Social Services at Phone:

701-787-8540

or

**Fax: 701-787-
5918.**



Foster Grandparents

Sharing a **LIFETIME** of Wisdom

Check out the new web page:
http://www.seniorservice.org/redrivervalley_fgfp

**Red River Valley
Foster Grandparent
Program**
**(701) 795-3112 or 888-
256-6742**



The Department of Health and Human Services' Office on Women's Health (OWH) is supporting two important heart health Web sites for women and health care providers. Please help us get the information out to your family, friends and community.

The sites are:

For Your Heart
(<http://www.womenshealth.gov/ForYourHeart>)-- For Your Heart is a simple, interactive Web site that provides women with personalized information and tips on preventing heart disease. Following a brief survey, each woman receives stories on exercise, nutrition, weight loss, smoking, diabetes, cholesterol, blood pressure, menopause, and stroke. These stories are tailored specifically to each woman's race/ethnicity, age, and heart disease risk factors. Please visit **For Your Heart** at <http://www.womenshealth.gov/ForYourHeart> or call 1-800-994-WOMAN (1-800-994-9662) or 1-888-220-5446 for the hearing impaired.



Heart Healthy Women(www.hearthealthywomen.org) – Heart Healthy Women is the online source for the most up-to-date information on diagnosis and treatment of heart disease in women. The website features separate educational sections for women with heart disease and their healthcare providers. Information offered includes: 1) the most important signs and symptoms of cardiovascular disease in women; 2) the accuracy of diagnostic tests for women; and 3) the safety and effectiveness of treatments and surgical procedures that are appropriate for women. For online information on the

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diagnosis and treatment of

heart disease, please visit **Heart Healthy Women** at <http://www.hearthealthywomen.org>.

alzheimer's  association

Minnesota- North Dakota

For more information, education, friendship and support. To learn more about a support group near you, call the Information

Helpline at

1.800.232.0851

or visit

<http://www.alzmdak.org/2familyservices/findingresources.htm> -
[Support%20Groups](http://www.alzmdak.org/2familyservices/findingresources.htm)

Early Recognition of Dementia

**Submitted by: Kristi Pfliger-Keller,
Director Western ND Regional
Center MN-ND Alzheimer's
Association**

We have all experienced what we jokingly refer to as a "senior moment." Forgetting where you parked your car, encountering an acquaintance and being embarrassed by an inability to recall his or her name, or walking into a room and forgetting the task that spurred your reason for being there in the first place are all experiences in which most of us can relate.

However, one of the biggest myths surrounding

“forgetfulness” is that it is a natural part of aging. Our body and its processes slow down as we age and it may take us a bit longer to remember or recall information. But, excessive forgetfulness is not normal and should warrant further investigation from a trained medical professional. Some of the warning signs of memory loss include disorientation to place or time, difficulty performing familiar tasks, problems with language, and changes in mood, behavior, or personality.

It is crucial that a person concerned with memory loss receives a thorough diagnosis. Medical records show that over 200 different types of dementia exist – and Alzheimer’s disease is just one of those types. Memory loss can be caused by nutritional deficiencies, depression, untreated thyroid conditions, reactions to medications, and much more.

The Minnesota-North Dakota Alzheimer’s Association provides individuals and families affected by Alzheimer’s disease and related disorders with information, education and resources that help enhance quality of life and ease caregiver stress. The Alzheimer’s Association can be reached in Bismarck at 701-258-4933 or our 24-hour, 7 day a week Information HelpLine at 1-800-232-0851. On-line resources can be located at www.alzmdak.org.

ND Family Caregiver Support Program

Older patients with caregivers and assistance for activities of daily living: 1998 and 2000

by Lisa L. Dwyer, M.P.H.
Division of Health Care Statistics,
National Center for Health Statistics

Introduction

Many older community-dwelling adults reside with a caregiver, either family or non-family members. This living arrangement may result from one or more of the following situations: marriage, cultural norms (1), or the financial need or functional impairment of the care recipient (2). Combined data on discharged patients from the 1998 and 2000 National Home and Hospice Care Surveys reveal that 76 percent of those 65 years and over usually lived with their primary caregiver during the episode of care. A primary caregiver is an individual who is responsible for providing personal care assistance, companionship, and/or supervision to a patient (3). Over 80 percent of the primary caregivers in our sample were informal caregivers: spouses or children (including daughters-in-law or sons-in-law). More males than females lived with their primary caregiver, 90 percent versus 68 percent ($p < 0.001$), most likely due to men being cared for by their spouses who outlived them.

Oftentimes, coresidence with a primary caregiver is initiated when an older adult shows

signs of activities of daily living

(ADL) or instrumental activities of daily living (IADL) limitations that require caregiver involvement (2). Moreover, having a caregiver and receiving assistance with ADLs are strongly associated with using home health services (4). This analysis uses data from the 1998 and 2000 NHHCS to examine ADL assistance received by home health patients ages 65 years and over and the extent to which receipt of services is related to sex. The NHHCS collects data about characteristics of home health care and hospice agencies and their patients using agency reports and medical records. The surveys collected information about the primary caregiver the patients had during the episode of care. It also collected information on the receipt of services for ADLs during this episode. Table 1. Percentages of older home health patients living with a primary caregiver and receiving assistance with activities of daily living from the agency, by sex: National Home and Hospice Care Survey, 1998 and 2000.

NOTE: Responses "Don't know," "Not applicable," and "Blank or invalid" were excluded from the analysis.

Significant differences were found between the sexes in the receipt of ADL assistance. Specifically, more women than men received assistance with any activity of daily living overall, 53 percent compared to 42 percent, respectively. Almost half of the female patients (45 percent) received assistance from a

home health agency to bathe or shower compared to more than one-third of male patients (35 percent). Eating assistance was almost twice as likely among female patients as male. In addition, 25 percent of females received assistance from the agency in using the toilet room compared to 16 percent of males.

What do these data tell us?

The NHHCS data reveal that although men were more likely to live with their primary caregiver, women were more likely to receive formal services related to personal care. This demonstrates that informal caregivers, particularly of older women, do not provide all the necessary assistance; therefore, the patient still requires the help of formal care services. Although one would presume that women's older age caused them to receive more help, the data show that the difference in mean age was statistically, but not clinically, significant: 78.66 (standard error (S.E.) = 0.39) for women versus 77.39 (S.E. = 0.41) for men. On the other hand, the data reveal a significant difference in the percentage of females, 85 years and over, compared to males: 25 percent versus 18 percent, respectively (data not shown). Generally speaking, receiving assistance suggests more functional limitation or impairment, whether acute or chronic, among women for which the primary caregiver is unable or unwilling to provide. In fact, a recent publication emphasizes the importance of informal

caregivers in our long-term care system and also reveals that many of them have health problems themselves (5). This may explain, in part, why many informal caregivers do not provide assistance in all personal care activities, such as bathing or showering, eating, or using the toilet room. Future NHHCS surveys (the next one will be administered in 2007) that collect information on who assisted the sampled patients with each ADL will provide data to address these issues more. Such data will also provide information about the potential needs of and the subsequent services necessary for patients after discharge from a home health agency.

Conclusion

There are significant differences between community-dwelling older men and women living with a primary caregiver in the services they received from home health agencies. A greater percentage of women than men received assistance for personal care activities, such as bathing or showering, eating, or toileting, even while residing with a primary caregiver. This underscores the importance of community resources (i.e., formal care services) that provide older women and their caregivers with ADL assistance and other services to help alleviate the burden of care due to functional limitations.

References

1. Himes CL, Hogan DP,

Activities of daily living	% male	% female	p-value
Any activity of daily living	41.7	52.7	<0.05
Bathing or showering	35.3	45.2	<0.05
Dressing	33.4	38.6	>0.05
Eating	5.6	10.0	<0.05
Transferring	28.1	35.3	>0.05
Walking	27.0	32.6	>0.05
Using toilet room	16.4	25.3	<0.05

Eggebeen DJ. Living arrangements of minority elders. *Gerontology: Social Sciences* 51B(1): S42–S48. 1996.

2. Mickus M, Stommel M, Given CW. Changes in living arrangements of functionally dependent older adults and their adult children. *Aging Health* 9(1): 126–143. February 1997.

3. Haupt BJ. Characteristics of hospice care discharges and their length of service: United States, 2000. National Center for Health Statistics. *Vital Health Stat* 13(154). 2003.

4. Kadushin G. Home health care utilization: a review of the research for social work. *Health So Work* 29(3): 219–244. August 2004.

5. Ho A, Collins SR, Davis K, Doty MM. A look at working-age caregivers' roles, health concerns, and need for support. Commonwealth Fund pub.

#874-A, August 2005



Experience Works Searches for North Dakota's 2006 Outstanding Older Worker

Experience Works, the nation's largest training and employment organization for mature workers, is searching for North Dakota's outstanding older worker. Applicants must be 65 years of age or older, a resident of ND, currently employed, and working at least 20 hours each week for pay. Official nomination forms may be obtained from your local Experience Works representative or Experience Works, 2204 East Broadway, Bismarck, ND 58501-4930; phone 701-258-8879. The deadline for nominations is May 15, 2006.

*Taking Care of Yourself -
Humor Tip:
Start a collection of
cartoons and jokes you
enjoy. Post them
where you can see
them to make you
chuckle.*

The Comfort of Home
© 2004 CareTrust Publication 800/565-1533
www.comforttohome.com

The latest *Rural Health* Update is now on the Center for Rural Health web site here
<http://medicine.nodak.edu/crh/publications/rural/update174.html>

In this update:

- Rural PACE 101 (Program of All-Inclusive Care for the Elderly)

- FREE TRAINING: Core Concepts of Disasters And Terrorist Events: Medical Issues And Response

The staff of the National Institute on Aging Information Center

If you are a long distance caregiver, you are not alone. The National Institute on Aging (NIA) is pleased to let you know about its newest free publication, *So Far Away: Twenty Questions for Long Distance Caregivers*. Using a conversational question-and-answer format, this booklet focuses on some of the most important concerns about providing long-distance care. *So Far Away* answers questions such as:

- How will I know if help is needed?
- What can I really do from far away?
- How can I keep up with my mom's medical care?
- Are there things I can do to feel less frustrated?
- How can I help my folks decide if it's time for them to move?
- What if I'm told my mom has only a few months to live?

Developed by NIA, *So Far Away* is a gateway to ideas that can help make long-distance caregiving more manageable and satisfying. An extensive resource list at the end of the booklet can help readers find more information on a wide variety of related topics.

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To preview or order your free copy, go to:

<http://www.nia.nih.gov/HealthInformation/Publications/LongDistanceCaregiving/>

To Order NIA Publications:

- You can preview and order free publications online by clicking on <http://www.nia.nih.gov/HealthInformation/Publications/>
- You can order your free copy by phone (1-800-222-2225) or e-mail (niaic@jbs1.com). Be sure to give us your complete mailing address.



**Save the Dates -
2006 Northern
Plains Conference
on Aging and
Disability!!
Mark Your 2006
Calendar!**

**SEPTEMBER 6,7,
2006
FARGO HOLIDAY
INN**

Mark your calendars and plan to attend the 2006 Northern Plains Conference on Aging and Disability. The conference

will be held at the Holiday Inn in Fargo on September 6 & 7, 2006. A "kick off" event will be held Tuesday evening September 5th at Bethany Homes in Fargo. The theme of this years conference is:

***Common Threads:
"Weaving the Fabric of
Aging and Disability,"***

and promises to be an excellent event with national, state and regional speakers. Attached is a reminder card for your planner. If you want to feature your agency as a sponsor and/or have a booth at this well attended event, contact one of the following:

Booth Vendor Information:
Gretchen Everson
701-277-9757

Sponsor Information:
Bonnie Peters
701-237-4700

If you have general questions about the conference and registration, you can contact Sandy Arends.

Brochures with the full agenda will be mailed the beginning of July. We do not have the final count on CEU's yet but anticipate it will be between 9 and 11. For now, Save the Dates and forward this e-mail to anyone you think might be interested in knowing about this fine conference!!!

More Information:
<http://www.aoa.dhhs.gov/>

MAY 2006

Older Americans Month



A New Goal for Aging

**Hit 50 With Few Heart Risk
Factors, And Brag Longer**

*By January W. Payne
Washington Post Staff Writer
Tuesday, February 21, 2006; HE01*

It's a truism that healthy aging begins long before you hit old age. Now a large study has confirmed that and suggested a new approach for those hoping to live a long and healthy life: Aim to reach age 50 with as few risk factors for heart disease and stroke as possible.

Not smoking, maintaining a healthy weight and warding off diabetes, high blood pressure and high cholesterol may drastically reduce your risk of cardiovascular disease and add 10 years to your life, the study reports.

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The "prevention of heart disease needs to begin very early in life because by middle

age, most of the risk factors are already established," said Howard Cooper, associate director of the coronary care unit at Washington Hospital Center. "We need to focus on young adults, even teens" and "create a lifestyle that will prevent or keep [them] from developing" cardiovascular disease, which is the country's leading cause of serious illness and death.

The findings, published in the journal *Circulation* this month, are the latest results from the Framingham Heart Study, which began in 1948 and is run by the National Heart, Lung, and Blood Institute. The observational study, which did not detail specific treatments, "supports the notion that aggressively treating cardiovascular disease risk factors" is the smartest approach, said Chris O'Donnell, associate director of the Framingham Heart Study.

Estimates of lifetime risk for cardiovascular disease, presented in the study, have not been calculated in previous research. "Until today all we've talked about is risk in increments of time" -- such as five or 10 years out, making the results of this study particularly useful, said Mandeep Mehra, head of cardiology at the University of Maryland School of Medicine. The results -- based on findings from 3,564 men and 4,362 women -- are "really very tangible data that strongly support the need for modifying one's risk as early as possible," O'Donnell said. Researchers found dramatic

differences in cardiovascular disease risk and length of life between participants who reached age 50 with two or more risk factors, and those who reached that age with "optimal" -- that is, fewer than two -- risk factors. Lifetime risk of developing cardiovascular disease among 50-year-old men with two major risk factors was almost 69 percent, compared with 5 percent in those with fewer; for women, those with two or more risk factors had a 50 percent lifetime risk, compared with 8 percent in those with fewer. Those with minimal risk lived longer, too -- about 10 years longer than those with two or more factors.

Researchers included participants age 50 and older who, during initial exams, were free from cardiovascular disease. Overall, their lifetime risk of developing cardiovascular disease was 51.7 percent for men and 39.2 percent for women. Men with two or more risk factors at age 50 were found to live to a median age of 78 -- compared with 89 in those with fewer risk factors; women with two or more risk factors survived to age 81, compared with 89 in those with fewer risk factors. Addressing risk factors well before reaching age 50, say heart specialists, offers the best chance of a long life. Still, very few of the study's participants had less than two risk factors: just 3 percent of men and 4.5 percent of women -- figures that are probably representative of the larger American population, experts said.

Reducing risk factors to one or none is "very achievable," said the study's lead author, Donald Lloyd-Jones, assistant professor of preventive medicine and cardiology at the Northwestern University School of Medicine. "It's just that typically we don't achieve them," he said. Exercising, maintaining a healthy weight and diet, and not smoking may make a difference not just in life span and risk of disease, but also in long-term quality of life measures, such as mobility and pain levels, he said.

While heredity plays a role in risk factors like high blood pressure and high cholesterol, said Cooper, "a lot of [risk] is environmental and can be prevented." When risks run in the family, Lloyd-Jones advised, it's important to see your doctor regularly and have risk levels monitored "so that problems are identified" early and medication can be prescribed, if needed. Taking medication to control blood pressure and cholesterol will reduce risk -- but not to the level of someone who never had such health problems, he said. Also, focus "on maintaining a stable weight. . . . Most importantly, keep your calorie intake down," recommends Lloyd-Jones.

Mehra seconded paying particular attention to weight. "Cessation of smoking and maintenance of body weight are the two most readily modifiable risk factors," he said. "If you can keep your weight down, your

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cholesterol will come down. And

if you can keep your weight down, [your] risk of diabetes comes down as well."

Cooper agreed that a "healthy diet and adequate exercise" are key to warding off high blood pressure, diabetes and high cholesterol. "Eliminating the sedentary lifestyle that many Americans" are accustomed to "can add many years of healthy living to your life," he said.

Comments: paynej@washpost.com.

Upcoming Governor's Committee on Aging Future Public Forums Scheduled across North Dakota

Next Meeting is April 3rd 2006

For more information and details in your region contact DHS-Aging Services Division at 1-800-451-8693 or your Regional Aging Service Program Administrator.

Telephone Numbers to Know

Regional Aging Services Program Administrators

Region I - Karen Quick
1-800-231-7724

Region II - MariDon Sorum
1-888-470-6968

Region III - Donna Olson
1-888-607-8610

Region IV - Patricia Soli
1-888-256-6742



Region V - Sandy Arends
1-888-342-4900

Region VI - Russ Sunderland

1-800-260-1310

Region VII - Cherry Schmidt
1-888-328-2662

Region VIII - Mark Jesser
1-888-227-7525

N.D. Senior Info-Line: 1-800-451-8693

<http://www.ndseniorinfo.com/>

Region IV Aging Services
newsletter at the following link:

<http://www.nd.gov/humanservices/info/pubs/aging.html>

Vulnerable Adult Protective Services

Region I & II – Dale Goldade,
Vulnerable Adult Protective
Services, Long Term Care
Ombudsman - 1-888-470-6968

Region III – Ava Boknecht,
Vulnerable Adult Protective
Services, 1-888-607-8610

Region IV – Vulnerable Adult
Protective Services, Patricia
Soli – 1-888-256-6742. **Direct
referral Grand Forks County
Social Services VAPS - 701-
797-8540.** RaeAnn

Johnson, contact for Vulnerable
Adult Team (VAT) and
Education– 1-888-256-6742.
Long Term Care Ombudsman
1-888-607-8610.

Region V - Vulnerable Adult
Protective Services, Sandy
Arends - 1-888-342-4900.
Direct referral may be made to

Cass County Adult Protective
Services unit - 701-241-5747.

Region VI - Russ Sunderland,
Vulnerable Adult Protective
Services - 701-253-6344

Region VII - Cherry Schmidt,
Vulnerable Adult Protective
Services - 1-888-328-2662

Region VIII - Mark Jesser,
Vulnerable Adult Protective
Services & Long Term Care
Ombudsman - 1-888-227-7525

North Dakota New Health Care Directives Guide on Web site:

<http://www.nd.gov/humanservices/info/pubs/docs/aging-health-care-directives-guide.pdf>

ND Family Caregiver Coordinators

Region I - Karen Quick - 800-
231-7724

Region II – Theresa Flagstad -
888-470-6968

Region III - Kim Locker-Helten -
888-607-8610

Region IV - Raeann Johnson -
888-256-6742

Region V – LeAnn Thomas-
888-342-4900

Region VI-CarrieThompson-
Widmer -800-260-1310

Region VII - Judy Tschider -
888-328-2662

Region VIII – Michelle Sletvold
- 888-227-7525

Other

- Aging Services Division
Office and Senior Info Line:
1-800-451-8693
- AARP:
**1-888-OUR-AARP
(1-888-687-2277)**

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- AARP Pharmacy: 1-**800-456-2277**
- ND Mental Health
Association:
701-255-3692
- ND Mental Health
Association Help-Line:
1-800-472-2911
- NDAD - **IPAT** (Interagency
Program for Assistive
Technology):
1-800-265-4728
- Legal Services of North
Dakota:
1-800-634-5263 or
1-866-621-9886 (for persons
aged 60+)
- Attorney General's Office of
Consumer Protection:
(701) 328-3404 or
1-800-472-2600
- Social Security
Administration:
1-800-772-1213
- Medicare:
**1-800-247-2267/1-800-
MEDICARE**
- Toll-Free 800 Information:
(Directory Assistance for
800 number listings):
1-800-555-1212
- Senior Health Insurance
Counseling (SHIC) ND
Insurance Department:
(701) 328-2440
- Prescription Connection:
1-888-575-6611

Region IV: Older Americans Act (OAA)

**Funded Nutrition, Outreach &
Health Maint. Providers
Plus assistance with
Medicare Part D
Enrollment**

GREATER GRAND FORKS (GF)

SENIOR CENTER

(Serves Grand Forks and Nelson Counties, Health Maint. Pembina & GF Counties)
620 4th Avenue South-4534
Grand Forks, ND 58201
(701) 772-7245

WALSH COUNTY NUTRITION PROGRAM

Box 620
Park River, ND 58201
(701) 284-7999

PEMBINA COUNTY MEALS AND SERVICES

Box 9
Drayton, ND 58225
(701) 454-6586

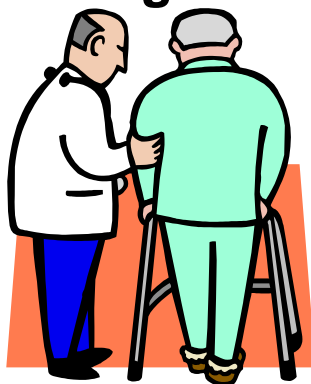
Resources:

- *My Medicines* – 11085
- *Quick Facts about Your Current Prescription Drug Coverage and Medicare's New Coverage for Prescription Drugs* – 11122
- *New Medicare Prescription Drug Coverage: A Message for People Who Care for Someone with Medicare* Spanish
- *What Medicare Prescription Drug Coverage Means to You: A Guide to Getting Started* – 11146 (printer friendly) Spanish Bilingual
- *Beneficiary Calendar (It's All Coming Together)* Spanish
- *Introducing Medicare's New Coverage for Prescription Drugs* – 11103 (bi-fold) Spanish Chinese Korean Vietnamese Russian
- *Quick Facts about Medicare's New Coverage for Prescription Drugs* –

11102 Spanish American Indian/Alaskan Native

- *The Facts About Medicare Prescription Drug Plans* – 11065 Spanish
- *Basic Questions and Answers about Medicare Prescription Drug Coverage* – Group 1 Basic Questions and Answers about Medicare Prescription Drug Coverage – Group 2 English Spanish
- *Your Guide to Medicare Prescription Drug Coverage* – 11109 Spanish Braille Audio

Senior AT Safety Program



“Interagency Program for Assistive Technology “
(IPAT) was recently awarded the Aging Services contract to provide safety equipment for individuals age 60 or over in medically underserved counties, not living in a nursing facility. \$200.00 worth of safety equipment can be purchased for any North Dakota resident, age 60 or

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over in a qualifying county, for their home. Samples of equipment that may be ordered are adapted dishes/utensils, night lights, grab bars, walkers/Rollators, magnifiers, reachers, faucet controls, bath chairs, kitchen items, electric jar openers, smoke detectors, carbon monoxide detectors, and medication dispensers . . . the list goes on. To order, please call Connie at 1-866-265-0450 from 8:00 a.m. to 5:00 p.m.

Contact information:

**ATTN: Connie Rawls
IPAT
P.O. Box 743
Cavalier, ND 58220**

1-866-265-0450 from 8:00 a.m. to 5:00 p.m.

